

BAB V

PENUTUP

A. Kesimpulan

Berdasarkan hasil penelitian mendalam, dapat ditarik kesimpulan yang merangkum jawaban atas tiga rumusan masalah utama penelitian, yaitu mengenai kondisi psikologis istri, bentuk dukungan sosial-spiritual suami, serta tantangan yang dihadapi suami dalam memberikan dukungan.

- 1 Penelitian ini menunjukkan bahwa kondisi psikologis istri pasca histerektomi berada dalam fase krisis emosional yang ditandai oleh kecemasan, ketidakstabilan suasana hati, penurunan harga diri, serta pergolakan identitas kewanitaan akibat perubahan fisik dan hormonal. Kekhawatiran mengenai hubungan pernikahan, persepsi suami, dan masa depan reproduksi memperbesar beban emosional istri. Situasi ini membuat kebutuhan spiritual meningkat sebagai mekanisme mencari ketenangan, makna, dan penguatan diri selama proses pemulihan. Dengan demikian, pengalaman pasca histerektomi bukan hanya persoalan medis, tetapi merupakan krisis psikologis-spiritual yang menuntut pendampingan intensif dari lingkungan terdekat, terutama suami.
- 2 Penelitian ini menegaskan bahwa keberhasilan pemulihan istri pasca histerektomi tidak hanya ditentukan oleh faktor medis, tetapi sangat dipengaruhi oleh kekuatan dukungan sosial dan spiritual dari suami. Temuan penelitian membentuk *Model Dukungan Holistik-Transformasional Suami*, yang meliputi dukungan emosional, instrumental, informasi dan penghargaan, serta dukungan spiritual. Suami berperan memberikan ketenangan, empati, bantuan fisik, pencarian informasi medis, afirmasi positif, serta pendampingan ibadah seperti doa dan zikir. Integrasi keempat dimensi ini menempatkan suami sebagai aktor utama dalam mendampingi stabilisasi emosional dan penguatan spiritual istri, sehingga mempercepat proses penerimaan, adaptasi, dan pemulihan menyeluruh pasca operasi.
- 3 Penelitian ini juga menemukan bahwa suami menghadapi berbagai tantangan multidimensional dalam memberikan dukungan, termasuk keterbatasan literasi medis, stres dan kebingungan emosional, kuatnya norma budaya patriarkal, serta hambatan komunikasi terkait perubahan fisik dan seksual setelah operasi. Minimnya informasi dari tenaga kesehatan membuat suami tidak memiliki panduan yang memadai dalam merespons kondisi psikologis istri, sementara tekanan budaya menyebabkan sebagian suami merasa canggung untuk terlibat dalam aspek perawatan reproduksi. Hambatan komunikasi juga memperlemah penyampaian kebutuhan emosional maupun spiritual istri. Tantangan-tantangan

ini menegaskan perlunya edukasi, pendampingan profesional, dan pendekatan keluarga yang komprehensif untuk mengoptimalkan peran suami dalam pemulihan pasca histerektomi.

A. Saran

Berdasarkan temuan penelitian, direkomendasikan sejumlah langkah konkret kepada berbagai pihak untuk memperkuat peran suami dalam mendampingi istri pasca histerektomi. Rekomendasi ini mencakup aspek kebijakan, edukasi, transformasi sosial, serta pengembangan ilmu pengetahuan, dengan pendekatan holistik, kontekstual, dan berbasis nilai Islam.

1. Bagi Lembaga Kesehatan

- a. Mengembangkan program edukasi pascaoperasi berbasis keluarga, yang tidak hanya ditujukan kepada pasien perempuan, tetapi juga kepada suami/pasangan. Materi edukasi sebaiknya mencakup aspek psikososial, spiritual, dan relasional, bukan hanya medis-biologis.
- b. Menyediakan layanan konseling keluarga terpadu, yang melibatkan tenaga medis, psikolog, konselor keagamaan, dan tokoh agama dalam satu sistem pendampingan, untuk membangun ketahanan pasangan dalam menghadapi fase pasca histerektomi.
- c. Mengintegrasikan pendekatan komunikasi suportif-transformatif dalam protokol layanan pasca bedah bagi pasien perempuan dan pasangan mereka.

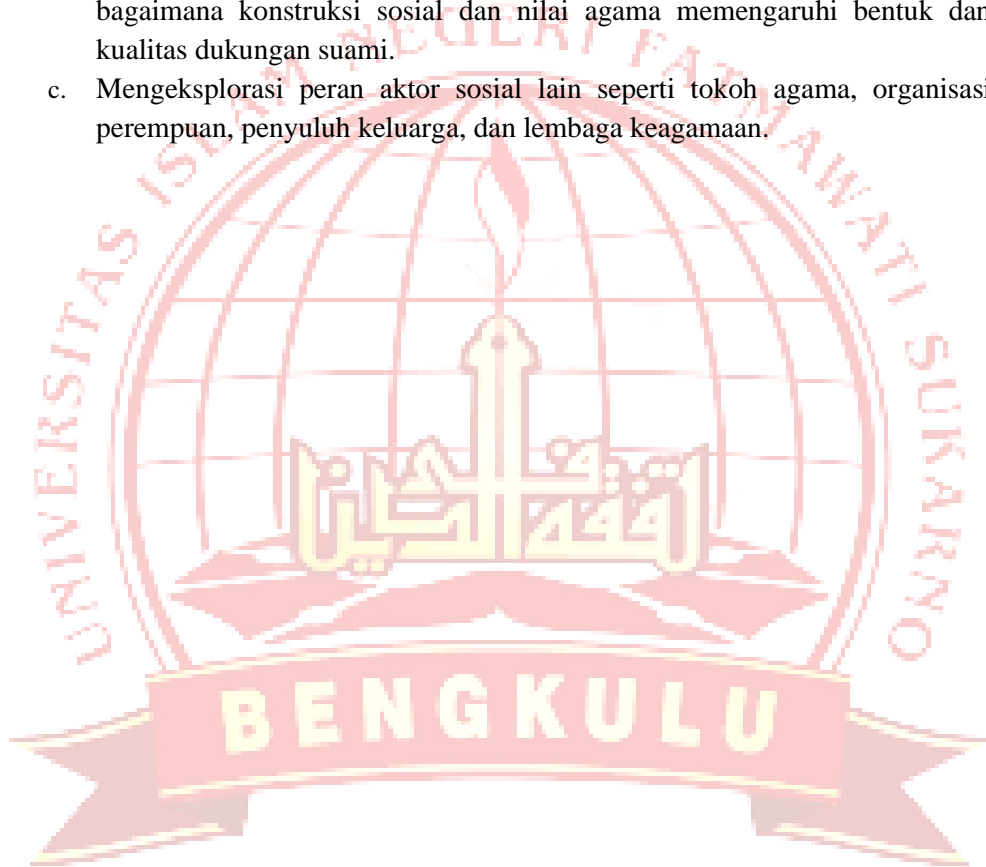
2. Bagi Pasangan Suami Istri

- a. Meningkatkan literasi kesehatan keluarga, khususnya terkait dampak psikologis dan spiritual dari histerektomi, melalui media edukatif, konseling pasangan, dan dialog terbuka di dalam keluarga.
- b. Mengembangkan komunikasi empatik dan spiritualitas bersama sebagai fondasi pemulihan, dengan menekankan pentingnya kehadiran emosional, penghargaan terhadap pasangan, dan pemaknaan bersama terhadap pengalaman sakit sebagai bagian dari perjalanan iman.
- c. Mendorong suami untuk merefleksikan dan membangun ulang peran maskulinitas yang lebih suportif, empatik, dan berbasis nilai-nilai Islam.

3. Bagi Masyarakat, Tokoh Agama, dan Lembaga Sosial

- a. Menginisiasi perubahan wacana budaya patriarki melalui narasi publik, ceramah, atau forum keagamaan yang lebih menghargai peran emosional dan spiritual laki-laki dalam keluarga.
- b. Memperkuat peran tokoh agama dan komunitas Islami dalam memberikan edukasi kepada jamaah atau komunitas terkait pentingnya dukungan relasional dalam rumah tangga, khususnya ketika istri mengalami perubahan besar seperti pasca histerektomi.

- c. Membangun pusat edukasi komunitas atau forum keluarga Islami yang membahas isu kesehatan reproduksi perempuan, relasi pasangan, dan spiritualitas dalam rumah tangga.
4. Bagi Akademisi dan Peneliti Selanjutnya
- a. Melakukan pengembangan instrumen terstandar untuk menilai efektivitas model dukungan holistik-transformasional suami dalam mempercepat pemulihan psikologis, sosial, dan spiritual istri.
 - b. Melakukan studi komparatif lintas budaya dan wilayah untuk melihat bagaimana konstruksi sosial dan nilai agama memengaruhi bentuk dan kualitas dukungan suami.
 - c. Mengeksplorasi peran aktor sosial lain seperti tokoh agama, organisasi perempuan, penyuluh keluarga, dan lembaga keagamaan.



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